

P23568.P01 <div style="text-align: center;">UTILITY PATENT APPLICATION TRANSMITTAL</div> <p>(Only for new nonprovisional applications under 37 CFR 1.53(b))</p>	Attorney Docket No. P23568	Total Pages 	Inventor(s) or Application Identifier Steven SCHRAGA Title: ADJUSTABLE LANCET DEVICE AND METHOD
--	--------------------------------------	-----------------	---

ADDRESS TO:	Commissioner for Patents Mail Stop Patent Application PO Box 1450 Alexandria, VA 22313-1450
-------------	--

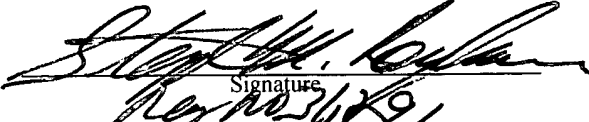
APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. a. <input type="checkbox"/> Small Entity Statement(s) 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>62</u>] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>24</u>] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>2</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) <input type="checkbox"/> Unexecuted b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 20 completed) [Note Box 6 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Incorporation By Reference (useable if Box 5b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. 7. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 8. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (Appendix)	9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 10. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 11. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 12. <input type="checkbox"/> English Translation Document (if applicable) 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> Preliminary Amendment 15. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 16. <input checked="" type="checkbox"/> Figure of Drawing to be published <u>1</u> 17. <input type="checkbox"/> Foreign priority claimed a. <input type="checkbox"/> Claim of Priority b. <input type="checkbox"/> Certified Copy of Priority Document(s) 18. <input checked="" type="checkbox"/> Assignee: <u>STAT MEDICAL DEVICES, INC., of Miami,</u> <u>FLORIDA</u> 19. <input type="checkbox"/> Other: _____ _____ _____ _____ _____

20. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior Application No. _____ / _____, filed _____ Prior application information: Examiner: _____ Group Art Unit: _____
21. <input type="checkbox"/> Amend the specification by inserting before the first line the sentence: This application is a _____ continuation-in-part, _____ continuation, _____ divisional, of Application No. _____ / _____, filed _____.

Address all future correspondence to **Customer No. 7055** at the present address of:

GREENBLUM & BERNSTEIN, P.L.C.
 1950 Roland Clarke Place
 Reston, VA 20191
 (703) 716-1191

Aug 15, 2003
 Date


 Signature
Neil F. Greenblum Reg. No. 28,394
 Typed or Printed Name

FEE TRANSMITTAL

Complete if Known

Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	S. SCHRAGA
Group Art Unit	Unassigned
Examiner Name	Unassigned

TOTAL AMOUNT OF PAYMENT (\$631.00)

Attorney Docket Number P23568

METHOD OF PAYMENT (check one)

FEE CALCULATION (continued)

1. ☒ The U.S. Patent and Trademark Office is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 19-0089

Deposit Account Name GREENBLUM & BERNSTEIN, P.L.C.

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17, including any required extension of time fees in any concurrent or future
- ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)

reply requiring a petition for extension of time for its timely submission (37 CFR 1.136(a)(3))

☒ Applicant Claims Small Entity Status See 37 CFR 1.27.

2. ☒ Payment Enclosed:

☒ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION (fees effective 01/01/03)

1. FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	375.00
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$750.00)

2. CLAIMS

Total Claims	Extra	Fee from below	Fee Paid
44	-20=	24 x 9 =	216.00
Independent 3	-3=	0 x 42 =	0.00
Multiple Dependent Claims	0 x	280 =	0.00

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim
1204	84	2204	42	Reissue independent claims over original patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$216.00)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR Prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for response within 1st month	
1252	410	2252	205	Extension for response within 2nd month	
1253	930	2253	465	Extension for response within 3rd month	
1254	1,450	2254	725	Extension for response within 4th month	
1255	1,970	2255	985	Extension for response within 5th month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive unavoidably abandoned application	
1453	1,300	2453	650	Petition to revive unintentionally abandoned application	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of IDS	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40.00
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) (\$) 40.00

*Reduced by Basic Filing Fee paid

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name Neil F. Greenblum

Reg. Number

28,394 3/29/03

Signature

Date

Aug 15, 2003

Deposit Account User ID